



University Centre for
Nursing and Midwifery




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***Interuniversity Symposium on Qualitative
Research in Medical & Health Sciences (27.09.16)***


-

**Applying qualitative research in
various health care domains**

*Prof. dr. Sofie Verhaeghe
Drs. Tina Vandecasteele*



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WHAT CAN BE STUDIED...

- Decision-making of physicians in limiting life support
 - Barriers and opportunities to reduce urinary catheters use
- Impact of clinical leadership on trust in the emergency department
 - Impact of self-harm of young people on parents and families
- Reflections of students regarding education on communication with patients about death and dying
- Patient-caregiver relationships in the management of illness, treatment, ...

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WHAT CAN BE STUDIED...

Experiences of uncertainty and ambiguity in advanced liver disease

The role of pharmacists in mediating antibiotics in hospitals

Group standards and socialization processes in nursing teams

Experiences of family members regarding caregiving for serious ill patients

Experiences of occupational therapists in preventing falls in the home environment

Exposure, coping and reintegration of soldiers returning from war

Success factors of hospitals in increasing B-blokker use after myocardial infarction

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SOME EXAMPLES...

- On phenomena on the level of public health

- Cochrane et al. (2016) Barriers and opportunities for hepatitis B testing and contact tracing in a UK Somali population: a qualitative study. *Eur J Public Health*. 26(3):389-95.
- Krein et al. (2013) Barriers to reducing urinary catheter use: a qualitative assessment of a statewide initiative. *JAMA Intern Med*. May 27;173(10):881-6.
- Raykar et al. (2015) A qualitative study exploring contextual challenges to surgical care provision in 21 LMICs. *Lancet*. Apr 27;385 Suppl 2:S15.
- ...

- On quality improvement and hospital management

- Bradley et al. (2001) A qualitative study of increasing B-blokker use after myocardial infarction: Why do some hospitals succeed? *JAMA* 285(20):2604-2611.
- Dzung et al. (2015) Influence of Institutional Culture and Policies on Do-Not-Resuscitate Decision Making at the End of Life. *JAMA Intern Med*. ;175(5):812-819.
- Barelo et al. (2015) 'Engage me in taking care of my heart': a grounded theory study on patient-cardiologist relationship in the hospital management of heart failure. *BMJ* 5(3):e005582.
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SOME EXAMPLES...

- On people's coping, emotional distress, .. (theoretical constructs and concepts)
 - Ekanayake et al. (2013) "We lost all we had in a second": coping with grief and loss after a natural disaster. *World Psychiatry* Feb;12(1):69-75.
 - Brenner et al. (2015) Soldiers returning from deployment: A qualitative study regarding exposure, coping, and reintegration. *Rehabil Psychol.* 60(3):277-85.
 - ...
- On professionals' attitudes, perspectives or roles towards clinical phenomena, decision making, treatments, infection management, professionalism, ...
 - Broom et al. (2015) What role do pharmacists play in mediating antibiotic use in hospitals? A qualitative study. *BMJ* Nov 3;5(11):e008326.
 - Wilson et al. (2013) Factors that contribute to physician variability in decisions to limit life support in the ICU: a qualitative study. *Intensive Care Med.* Jun;39(6):1009-18.
 - Schaufel et al. (2009) "So you think I'll survive?": a qualitative study about doctor-patient dialogues preceding high-risk cardiac surgery or intervention. *Heart*, 95(15):1245-9.
 - ...

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SOME EXAMPLES...

- On patients' attitudes, perspectives, decision making, towards disease, treatment, prognosis, ...
 - Duane et al. (2016) Using qualitative insights to change practice: exploring the culture of antibiotic prescribing and consumption for urinary tract infections. *BMJ*
 - Spencer et al. (2012) Patient and provider barriers to effective management of gout in general practice: a qualitative study. *Ann Rheum Dis.* 71(9):1490-5.
 - Kimbell et al. (2015) Managing uncertainty in advanced liver disease: a qualitative, multiperspective, serial interview study. *BMJ* Nov 19;5(11):e009241.
 - ...
- On family members' attitudes and perspectives towards disease, treatment, prognosis, ...
 - Latour et al. (2011) A qualitative study exploring the experiences of parents of children admitted to seven Dutch pediatric intensive care units. *Intensive Care Med.* 37(2):319-25.
 - Totman et al. (2015) 'You only have one chance to get it right': A qualitative study of relatives' experiences of caring at home for a family member with terminal cancer. *Palliative medicine.* 29(6):496-507.
 - ...

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WHAT IS QUALITATIVE RESEARCH?

Qualitative research is an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports, detailed views of informants, and conducts the study in a natural setting (Creswell)

**Medical
& Health
Sciences**

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WHAT IS QUALITATIVE RESEARCH?

Qualitative research is multimethod in focus, involving an interpretative naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them. Qualitative research involves the studies use and collection of a variety of empirical material - case studies, personal experience, introspective, life study, interview, observational, historical interactional and visual texts - that describe routine and problematic moments and meaning in individuals' lives.
(Denzin & Lincoln)

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IN SEARCH FOR UNDERSTANDING

Every researcher tries to understand ‘something’



Irrespective of discipline

Searching for ‘insight’

Research question?

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SOME BASICS...

Theoretical and philosophical ideas about research

Ontology: What is the very nature of reality and existence?

Epistemology: What counts as valid knowledge?

Methodology: Which principles and ideas to base our procedures and strategies?

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RETURNING TO OUR ROOTS...

- **The natural science model:**
 - **Positivism:**
 - universal laws, objective picture of the world
 - testing theories and hypotheses (deductive approach)
 - **Objectivism**
 - **Value neutrality**
- **Comte (1798-1857):** positivism in social sciences
- **Popper (1959):** falsifiability (deductive)

... LEADING TO A PARADIGM DEBATE



Kuhn 1962, 1970: a shift of theoretical ideas and technical procedures that a group of scientists adopt and which are rooted in a particular world view with its own language and terminology

Controlled conditions of traditional approaches,
measurable behaviour and cause and effect



The nature of the human condition (human
interaction and feelings, thoughts and perceptions)

... LEADING TO A PARADIGM DEBATE

Weber's *Verstehen* (1893)

Reflective reconstruction and interpretative understanding of human beings (finding meaning in intentions and goals of individuals)

↔ inherently different from explanation in the natural sciences

Phenomenology (Husserl, 1859-1938 en Heidegger, 1889-1976)

Focus on ontological questions of meaning and lived experience

... LEADING TO A PARADIGM DEBATE

Studying **context-bound phenomena** - not free from

→ time and location
or the mind of the human actor

Grasping **socially constructed nature** of the world

→ values and interests = part of research

Complete objectivity / neutrality = impossible to achieve

→ values of all participants = part of research

... LEADING TO A PARADIGM DEBATE



Requires researchers to

- adopt a self-critical stance and take into account their own position in the setting and situation
- accept and bear ambiguity
- proceed in a well structured and systematic way

... as the social world is not orderly nor systematic

MORE RECENT IDEAS..



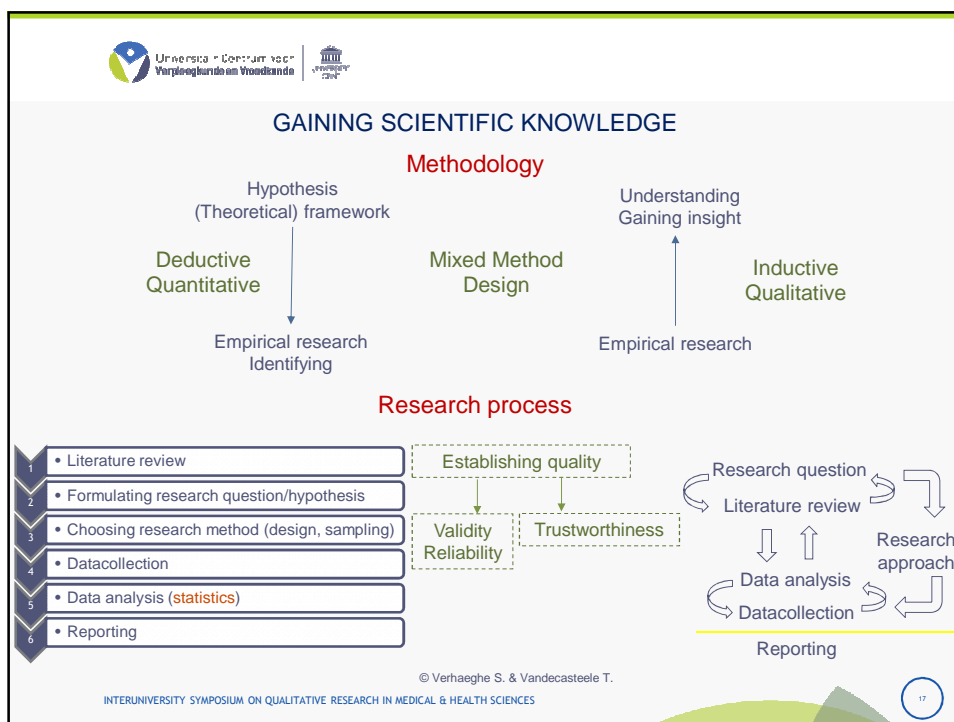
Postmodernism

Suggests that much of what people consider as facts is relative and subjective

Stresses the multiplicity of perspectives and lack of a unitary view of truth

Social constructionism

Social reality = product of social processes, tied and relative to context, time and culture. Human beings construct it themselves



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CONFLICTING OR COMPLEMENTARY PERSPECTIVES?

- Using both approaches pragmatically, dependant on the research question?
- Incompatible and mutually exclusive because of different epistemologies?

Ideas?

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QUALITATIVE RESEARCH CANNOT...

- Compare entire populations
- Give an account on prevalence, amounts, quantities, degrees, rates, ...
- Be easily generalized...



MAIN FEATURES OF A QUALITATIVE APPROACH?

1. The data have primacy
2. The context is crucial (holistic inquiry)
3. Immersion in the natural setting (naturalistic inquiry)
4. The focus on the 'emic'-perspective
5. 'Thick description' is indispensable
6. The researcher influences (relationship)
7. Reflexivity is essential

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MAIN FEATURES OF A QUALITATIVE APPROACH?

Tightrope walkers suffering in silence: A qualitative study into the experiences of older parents who have an adult child with cancer

Liesbeth Van Humbeeck^{a,*}, Let Dillen^{b,1}, Ruth Piers^{a,2}, Myriam Deveugele^{c,3}, Mieke Grypdonck^{a,4}, Sofie Verhaeghe^{d,5}, Nele Van Den Noortgate^{a,6}

ABSTRACT

Background: Given the worldwide ageing of the population and the changes in the structure of society and family, the likelihood increases that older parents face a serious illness in an adult child and will even outlive their child.

Objectives: To gain insight into older parents' experiences, concerns, and dilemmas regarding their position and role as a parent of an adult child with cancer.

Design: Qualitative interview design.

Setting: A geriatric ward and four oncology wards of a university hospital, several nursing homes, local health service agencies.

Participants: Twenty-five parents (age range 65–91 years) of 22 adult children with cancer (age range 33–66 years) of differing stages and types (with a preponderance of breast cancer).

Methods: Using a qualitative research methodology underpinned by grounded theory, we conducted semi-structured interviews with a fairly open framework.

Results: Suffering in silence emerged as the core category encapsulating three interrelated balancing acts: (1) shielding their child while being shielded by their child, (2) being involved while keeping an adequate distance, and (3) shifting attentional priorities between their child, themselves, and others. The emotional interconnectedness between older parents and their adult child with cancer becomes tangible in the transformational process of their parental role and position described in the three balancing acts.

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Focus on emic perspective

Inductive approach (data have primacy)

Immersion in the natural setting

Importance of thick description

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MAIN FEATURES OF A QUALITATIVE APPROACH?

Focus on emic perspective

Inductive approach (data have primacy)

Immersion in the natural setting

Importance of thick description

Importance of reflexivity

Managing uncertainty in advanced liver disease: a qualitative, multiperspective, serial interview study

Barbara Kimbell,¹ Kirsty Boyd,² Marilyn Kendall,¹ John Innesdale,³ Scott A Murray⁴

ABSTRACT

Objective: To understand the experiences and support needs of people with advanced liver disease and those of their lay and professional carers to inform improvements in the supportive and palliative care of this rapidly growing but currently neglected patient group.

Design: Multiperspective, serial interviews. We conducted up to three qualitative in-depth interviews with each patient and lay carer over 12 months and single interviews with case-linked healthcare professionals. Data were analysed using grounded theory techniques.

Participants: Patients with advanced liver disease of diverse aetiologies recruited from an inpatient hepatology ward, and their lay carers and case-linked healthcare professionals nominated by the patients.

Setting: Primary and secondary care in South-East Scotland.

Results: 37 participants (15 patients, 11 lay and 11 professional carers) completed 51 individual and 13 joint patient-carer interviews. Nine patients died during the study. Uncertainty dominated experiences throughout the course of the illness, across patients' considerable physical, psychological, social and existential needs and affected patients, lay carers and professionals. This related to the nature of the condition, the unpredictability of physical deterioration and prognosis, poor communication and information-sharing, and complexities of care. The pervasive uncertainty also shaped patients' and lay carers' strategies for coping and impeded care planning. While patients' acute medical care was usually well coordinated, their ongoing care lacked structure and focus.

Conclusions: Living, dying and caring in advanced liver disease is dominated by pervasive, enduring and universally shared uncertainty. In the face of high levels of multidimensional patient distress, professionals must acknowledge this uncertainty in constructive ways that value its contribution to the person's coping approach.

Strengths and limitations of this study

- This is the first in-depth serial interview study to explore people's experiences of advanced liver disease.
- The multiperspective approach facilitated comparing and contrasting the experiences of patients, lay carers and professionals, while serial interviewing was key to illuminating the complex and evolving needs and experiences of patients and families.
- As patients were recruited in a single locality and from a specialist inpatient liver unit, their care experiences may differ from other areas and those of patients accessing other hospitals.
- Given the current absence of a single agreed definition of advanced or end-stage liver disease, we developed inclusion criteria through an expert consensus of when a palliative care approach should be appropriate in advanced liver disease.
- The findings have implications for identifying and planning optimal supportive and palliative care in advanced liver disease, which could be tested in a clinical trial.

alcohol misuse, metabolic syndromes linked to obesity and hepatitis B and C. Chronic liver disease affects younger people compared with heart, lung or kidney failure. In England, more than 1 in 10 of deaths of individuals in their 40s are linked to liver disease.²

Comorbidities, the underlying causes of liver disease and limited donor organ supplies make liver transplantation unavailable for a large number of patients. Many thus stand to benefit from early access to support

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MAIN FEATURES OF A QUALITATIVE APPROACH

Some misconceptions...

"Qualitative research is not scientific nor rigorous research as the researcher is not objective"

"You cannot generalize qualitative research because of the small sample sizes"

"In order to collect a lot of data rapidly, focusgroup interviews are the best"



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TO APPLY OR NOT TO APPLY... USEFULNESS OF QUALITATIVE RESEARCH IN HEALTHCARE

Health is connected to

- social construction of illness, prevention, treatment and risk;
- experiencing and managing effects of disease and its treatment;
- decision-making around the areas of birth, dying and potential technological interventions;
- factors affecting quality of care either positively or negatively, linked to access to care, promotion of good health and prevention of disease.

Sandelowski 2004

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TO APPLY OR NOT TO APPLY...

USEFULNESS OF QUALITATIVE RESEARCH IN HEALTHCARE

Healthcare can only be effective if healthcare includes aspects which influence health (even though the latter are subjective in nature (= connected to the individual))



Qualitative research provides insight into these subjective experiences, processes, lived experiences, and decisions.

TO APPLY OR NOT TO APPLY...

CHOOSING AN APPROACH FOR YOUR RESEARCH

Depending on

- nature and type of research question or problem;
- epistemological stance of the researcher;
- capabilities and knowledge of the researcher;
- skills and training of the researcher;
- available resources for the research project.

TO APPLY OR NOT TO APPLY... CHOOSING AN APPROACH FOR YOUR RESEARCH

Tips before you start!

- Carefully consider the **research question**
- Carefully consider the **phenomenon** to be studied
- Carefully consider the **type of knowledge** you seek
- Study **your approach** with care and get to know it in detail (even though you might diverge)

REFERENCES (EXAMPLES OF QUALITATIVE STUDIES)



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- Pool, A. (1995). Autonomie, afhankelijkheid en langdurige zorgverlening. Lochem: De Tijdstroom.
- Madjar, I. & Walton, J. A. (1999). Nursing and the experience of illness: Phenomenology in practice. St Leonards, NSW: Allen & Unwin.
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- Duane et al. (2016) Using qualitative insights to change practice: exploring the culture of antibiotic prescribing and consumption for urinary tract infections. BMJ
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- Cochrane et al. (2016) Barriers and opportunities for hepatitis B testing and contact tracing in a UK Somali population: a qualitative study. *Eur J Public Health*. 26(3):389-95.
- Krein et al. (2013) Barriers to reducing urinary catheter use: a qualitative assessment of a statewide initiative. *JAMA Intern Med*. May 27;173(10):881-6.
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- Bradley et al. (2001) A qualitative study of increasing B-blokker use after myocardial infarction: Why do some hospitals succeed? *JAMA* 285(20):2604-2611.
- Dzung et al. (2015) Influence of Institutional Culture and Policies on Do-Not-Resuscitate Decision Making at the End of Life. *JAMA Intern Med*. ;175(5):812-819.
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- ...

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REFERENCES (IMPORTANT LITERATURE)

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More advanced...

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The slide features a light gray background with a thin black border. In the top left corner, there are two logos: the 'Universiteit Utrecht' logo (a blue and green circle) and the 'Vrije Universiteit Amsterdam' logo (a blue building icon). The text 'Universiteit Utrecht' and 'Vrije Universiteit Amsterdam' is positioned to the right of their respective logos. In the center of the slide, the text 'THANK YOU FOR YOUR ATTENTION!' is displayed in a bold, green, sans-serif font. At the bottom left, the text 'INTERUNIVERSITY SYMPOSIUM ON QUALITATIVE RESEARCH IN MEDICAL & HEALTH SCIENCES' is written in a small, blue, sans-serif font. In the bottom right corner, there is a blue circular icon containing the number '33'. A decorative graphic of overlapping green and gray shapes is located at the bottom right of the slide.

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THANK YOU
FOR YOUR ATTENTION!

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